BROOKHAVEN NATIONAL LABORATORY

Work Permit # DRL-2007-13
Work Order # _____
Job# _____ Activity# _____

1. Work requester fills out this section. ☐ **Standing Work Permit**

Requester: Don Lynch	Date: 06/27/07	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Jim La Bounty (PIC)			Ext.: 3774
Work Control Coordinator: Don Lynch		Start Date: 06/11/07	Est. End Date: 06/29/07
Brief Description of Work: Open PHENIX Shielding Wall			
Building: 1008	Room: IR	Equipment: n/a	Service Provider: PHENIX

. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS				
Radiation Concerns	☒ None	☐ Activation	☐ Airborne	☐ Contamination	☐ Radiation
Radiation Generating Devices:	☐ Radiography	☐ Moisture Density Gauges	☐ Soil Density Gauges	☐ X-ray Equipment
☐ Special nuclear materials involved, notify Isotope Special Materials Group			☐ Fissionable materials involved, notify Laboratory Criticality Officer	
Safety Concerns	☐ None	☐ Ergonomics	☐ Transport of Haz/Rad Material	
☐ Adding/Removing Walls or Roofs	☐ Confined Space*	☐ Explosives	☐ Lead*	☐ Penetrating Fire Walls
	☐ Corrosive	☐ Flammable	☐ Magnetic Field*	☐ Pressurized Systems
☐ Asbestos*	☐ Cryogenic	☐ Fumes/Mist/Dust*	☒ Material Handling	☐ Rigging/Critical Lift
☐ Beryllium*	☐ Electrical	☐ Heat/Cold Stress	☐ Noise*	☐ Toxic Materials*
☐ Biohazard*	☐ Elevated Work*	☐ Hydraulic	☐ Non-ionizing Radiation*	☐ Vacuum
☐ Chemicals*	☐ Excavation	☐ Lasers*	☐ Oxygen Deficiency*	☐ Other
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No				
Environmental Concerns		☒ None	☐ Work impacts Environmental Permit No.	
☐ Atmospheric Discharges (rad/non-rad)		☐ Land Use	☐ Soil Activation/contamination	☐ Waste-Mixed
☐ Chemical or Rad Material Storage or Use		☐ Liquid Discharges	☐ Waste-Clean	☐ Waste-Radioactive
☐ Cesspools (UIC)		☐ Oil/PCB Management	☐ Waste-Hazardous	☐ Waste-Regulated Medical
☐ High water/power consumption		☐ Spill potential	☐ Waste-Industrial	☐ Underground Duct/Piping
Waste disposition by:				☐ Other
Pollution Prevention (P2)/Waste Minimization Opportunity:		☒ None ☐ Yes		
FACILITY CONCERNS	☒ None			
☐ Access/Egress Limitations	☐ Electrical Noise	☐ Potential to Cause a False Alarm		☐ Vibrations
	☐ Impacts Facility Use Agreement		☐ Temperature Change	☐ Other
☐ Configuration Control	☐ Maintenance Work on Ventilation Systems		☐ Utility Interruptions	
WORK CONTROLS				
Work Practices				
☐ None	☐ Exhaust Ventilation	☒ Lockout/Tagout	☐ Spill Containment	☐ Security (see Instruction Sheet)
☒ Back-up Person/Watch	☐ HP Coverage	☐ Posting/Warning Signs	☐ Time Limitation	☐ Other
☐ Barricades	☐ IH Survey	☐ Scaffolding-requires inspection	☐ Warning Alarm (i.e. "high level")	
Protective Equipment				
☐ None	☐ Ear Plugs	☐ Gloves	☐ Lab Coat	☐ Safety Glasses
☐ Coveralls	☐ Ear Muffs	☐ Goggles	☐ Respirator	☐ Safety Harness
☐ Disposable Clothing	☐ Face Shield	☒ Hard Hat	☐ Shoe Covers	☒ Safety Shoes ☐ Other
Permits Required (Permits must be valid when job is scheduled.)				
☒ None	☐ Cutting/Welding	☐ Impair Fire Protection Systems		
☐ Concrete/Masonry Penetration	☐ Digging/Core Drilling	☐ Rad Work Permit-RWP No		
☐ Confined Space Entry	☐ Electrical Working Hot	☐ Other		
Dosimetry/Monitoring				
☒ None	☐ Heat Stress Monitor	☐ Real Time Monitor	☐ TLD	
☐ Air Effluent	☐ Noise Survey/Dosimeter	☐ Self-reading Pencil Dosimeter	☐ Waste Characterization	
☐ Ground Water	☐ O_2/Combustible Gas	☐ Self-reading Digital Dosimeter	☐ Other	
☐ Liquid Effluent	☐ Passive Vapor Monitor	☐ Sorbent Tube/Filter Pump		
Training Requirements (List below specific training requirements)				
PHENIX Awareness, LockOut/TagOut affected, RHIC Access				
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			**If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)**	
ES&H Risk Level:	☒ Low ☐ Moderate ☐ High		WCC:	Date:
Complexity Level:	☒ Low ☐ Moderate ☐ High		Service Provider:	Date:
Work Coordination:	☒ Low ☐ Moderate ☐ High		Authorization to start	Date:
			(Departmental Sup/WCC/Designee)	

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):
- The wall is to be opened in accordance with PHENIX Procedure PP-2.5.5.2-02 Rev A.
- Jim LaBounty is to be the person in charge (PIC).
- Radiation Monitors and associated interlocks are to be removed by CAD (C. Pearson or designee) and to be verified by PIC prior to opening the wall
- Carter Biggs is to verify that flammable gases in the IR have been adequately purged prior to commencing the wall opening operation.

Special Working Conditions Required:
No

Operational Limits Imposed: No

Post Work Testing Required: No

Job Safety Analysis Required: ☐ Yes ☒ No	Walkdown Required: ☒ Yes ☐ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other	Jim Labounty			
Other	J. Carter Biggs			
Work Control Coordinator	Don Lynch		20146	
Service Provider				
	Review Done: ☐ in series	☐ team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)

Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)
a) WCM/WCC: Is any feedback required? ☐ Yes ☐ No

b) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☐ No

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:

Comments: